

Commercial Project Interest Form

FORM SUBMITTAL: Return signed, completed form to:

Me2, 431 Charmany Dr., Madison, WI 53719

Email: Me2@milwaukee.gov Phone: 877.399.1203

Fax: 608.237.2018 Web: www.smartenergypays.com

FOR OFFICE USE	
Date of Receipt	
Project ID	
Program Ally Rep	

PROGRAM REQUIREMENTS

In order to participate in this program, the following requirements must be met:

- Building where the project is to be completed must be located within the City of Milwaukee
- Business must be privately owned and not a public or government project
- Business is current on its property taxes for the location where the project is to be completed
- Project must target a minimum 15% estimated energy savings (relative to the percent of floor space affected by the retrofit, or comparable reasonable baseline)

Business must be willing to provide utility date	ta				
SECTION 1: CUSTOMER LEGAL INFORMATION					
Company Legal Name		Company Contact Name			
Company Contact Phone		Company Contact Email			
Legal Mailing Address		City		State	ZIP Code
Electric Utility Provider		Natural Gas Utility Provider			
SECTION 2: JOB SITE INFORMATION (Where eq	uipment will be installed or	service perfor	med)		
Job Site Name		Describe Building Use (Example: retail office, lodging, etc.)			
ob Site Street Address (Physical location)		City		State	ZIP Code
SECTION 3: COLLECTION DATA					
re you working with a contractor*?		Contractor Name			
Contractor Phone		Contractor Email			
Are you working with a Focus on Energy Advisor?	If yes, Energy Advisor Name		Estimated Project Cost \$\Bigsig \\$5,000-\\$20,000 \$\Bigsig \\$20,000-\\$500,000 \$\Bigsig \\$500,000+\$\$		
Check which best describes the project(s) being Heating Cooling Domestic Hot Water		ter 🛭 Refrige	eration	e 🚨 Building Sh	nell 🛘 Renewables
	now with your project □ Securing contractor bids a □ Project underway	and/or energy s	savings estimates 🚨	Requesting mana	gement approval
Are you a property owner or tenant? ☐ Property owner ☐ Tenant		Who is responsible to pay the util		y bills and property taxes?	
Is there a Financial Institution that you are interested in working with?	If yes, Financial Institution Name		Seeking Interest Rate Buy Down? ☐ Yes		
Lender Name		Lender Phon	e		
SECTION 4: CUSTOMER SIGNATURE					
To the best of my knowledge, the statements made affix my signature below. By signing this form I and discussions with Me ² program staff regarding the a substitute for the Focus on Energy Program App	n giving permission for the de e project(s) referenced above	esignated Cont	tractor and the Focus or	Energy Advisor to	engage in preliminary
Customer Representative Signature	Company Represer	Company Representative (Print)		Date	

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ompany Representative (Print)	Date			
0	mpany Representative (Print)			

The information collected in this form is used for internal review purposes only. If you do NOT wish to receive promotional program information via postal mail or email please check the box below.

☐ I elect to opt out from receiving future marketing emails and postal mailings from the program.

^{*} It is a Me2 requirement that customers work with Me2 Participating Commercial Contractors. For a current list of Participating Commercial Contractors visit http://city.milwaukee.gov/ImageLibrary/Groups/cityMe2/PDF/CommercialContractors.pdf. If your contractor is not on the list encourage them to visit www.smartenergypays.com to apply.